

**GUIDELINES**

**FOR THE CARE OF STUDENTS WITH DIABETES**

**IN THE SCHOOL SETTING**

TASK FORCE ON DIABETES IN THE SCHOOLS

NEW JERSEY DEPARTMENT OF EDUCATION  
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# **GUIDELINES FOR THE CARE OF STUDENTS WITH DIABETES IN THE SCHOOL SETTING**

## **TASK FORCE ON DIABETES IN THE SCHOOLS**

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## **Introduction**

Chapter 7, laws of 1999 established the Task Force on Diabetes in the Schools. The task force was charged with developing guidelines on the most appropriate and effective means of providing for the needs of the students with diabetes in the school setting. According to the statute, the guidelines must include a standardized but flexible system of procedures to enable a school to implement an individualized treatment plan for a student with diabetes; the establishment of basic procedures to ensure that a school works in conjunction with the student's parents and medical care providers; and the establishment of procedures to ensure that a student's diabetes care is integrated into the usual school routine to the greatest extent possible. These guidelines do not represent a mandate to schools, but establish best practice standards for the care of children with diabetes in the school setting.

Diabetes is considered a disability (under the federal Rehabilitation Act of 1973) when it substantially limits a major life activity. Under Section 504, students with diabetes are entitled to some degree of accommodation so that they can have access to the activities, programs and services provided by public schools.

## **Background**

The following information is taken from the American Diabetes Association document, *Care of Children with Diabetes in the School and Day Care Setting*:<sup>1</sup>

Diabetes is one of the most common chronic diseases of childhood, with an incidence of ~1.7 affected individuals per 1000 people aged <20 years. There are about 125,000 individuals <19 years of age with diabetes in the U.S. The majority of these young people attend school . . . and need knowledgeable staff to provide a safe school environment.

Appropriate diabetes care in the school is necessary for the child's long-term well being and optimal academic performance. The Diabetes Control and Complications Trial showed a significant link between blood glucose control and the later development of diabetes complications. Achieving good glycemic control usually requires a diabetes management regimen consisting of frequent blood glucose monitoring, regular physical activity, and medical nutrition therapy, and may require multiple doses of insulin per day or insulin administered with an infusion pump. Crucial to achieving good glycemic control is an understanding of the effects of physical activity, nutrition therapy, and insulin on blood glucose.

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1. 1 American Diabetes Association. *Care of Children with Diabetes in the School and Day Care Setting*. *Diabetes Care* 22, Supp 1, 1999, 594.

School personnel must have an understanding of diabetes and its management to facilitate the appropriate care of the child with diabetes. Knowledgeable personnel are essential if the child is to achieve the good metabolic control required to decrease the risks for later development of diabetes complications.

### **INDIVIDUAL HEALTH-CARE PLAN**

Children with diabetes attending public schools should have an Individual Health-Care Plan (IHP), which includes an emergency health-care plan. See Appendix A. The school nurse should be involved in initial and ongoing discussions developing the IHP, since the nurse will serve as the case manager who establishes the school treatment, emergency plans, coordinates the nursing care and educates the school staff in monitoring and treatment of symptoms. S/he has the responsibility for consulting and coordinating with the student's parents and health-care provider to establish a safe, therapeutic environment.

The following information should be included in the IHP:

- The definition of hypoglycemia for that particular student and the recommended treatment;
- The definition of hyperglycemia for that particular student and the recommended treatment;
- Frequency of blood glucose testing;
- Written orders from the student's physician outlining the dosage and indications for insulin administration and/or the administration of glucagon, if needed;
- Times of meals and snacks and indications for additional snacks for exercise;
- Full participation in exercise and sports, any contraindications to exercise, or accommodations that must be made for that particular student;
- Accommodations for school trips, after school activities, and class parties, etc.;
- Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia, how to recognize hyperglycemia and when to call for assistance;
- Medical and/or treatment issues that may affect the educational progress of the student with diabetes; and
- How to maintain communications with the student, the parents, the child's health-care team, the school nurse and the educational staff.

The school nurse should obtain a parent-signed release to allow for the sharing of information between the student's health-care team and the nurse to divulge necessary medical information to staff who need to know. Written student permission may also be necessary depending upon the age of the student. (See Appendix B).

The following are recommendations regarding areas to be included in the IHPs for students with diabetes:

### Blood Glucose Testing

Current technology is such that blood glucose testing is a minor invasive procedure. The values obtained from such testing are used to design and evaluate the diabetes treatment plan. The frequency of routine testing is determined by the student's health-care team and may vary from student to student. Unscheduled or non routine blood glucose tests must be done on an as-needed basis for students with diabetes who are suspected to be hypoglycemic (have a low blood glucose level) or hyperglycemic (have an elevated blood glucose level).

***Recommendations:*** The Task Force recommends that students be permitted to test blood glucose in school as per their IHP. For students requiring supervision, the blood glucose test should be performed in the nurse's office and traditional lancets are suitable. For students who are deemed sufficiently responsible, mature, and knowledgeable to perform tests in the classroom, the Task Force recommends that a non-reusable lancet be utilized (e.g. Lifescan unistik 2; Bayer Single-Let, Bayer Fingerstix used with Glucolet 2). Universal precautions should be followed as required by federal regulations (29 CFR 1910.1030 PEOSH Bloodborne Pathogens Standard).

### Hypoglycemia

Suboptimal combinations of insulin, food, and exercise can result in unplanned hypoglycemia. Hypoglycemic symptoms may be mild, moderate, or severe. Mild hypoglycemic symptoms may be corrected by the student with diabetes by eating a prescribed quantity of carbohydrate, often conveniently packaged as a juice box or glucose tablets. Moderate hypoglycemic symptoms will require some assistance from another person in order to be corrected. Severe hypoglycemic symptoms include unconsciousness, stupor, and seizures and will require emergency intervention, perhaps with injectable glucagon administered in the school setting by the school nurse. Oral treatment is proscribed in a child with severe hypoglycemia.

***Recommendations:*** The Task Force recommends that each IHP set forth what constitutes hypoglycemia for each student, based on the recommendations of his/her treating physician. All students with diabetes should be permitted and even encouraged to have a source of readily available carbohydrate on their persons at all times. It is emphasized that carbohydrate sources to correct hypoglycemia are not medications. Efforts should be made to inform school personnel of the student's condition and of the need to seek appropriate assistance from a school nurse when necessary. Treatment should never be delayed. The IHP should have the specific accommodations and modifications needed for test and exam taking clearly articulated. Students may need to be treated in the nurse's office and should be accompanied to the nurse's office by a responsible other.

## Hyperglycemia

Suboptimal combinations of insulin, food, and exercise can result in hyperglycemia. Other factors such as illness and stress can also result in hyperglycemia. Short-term symptoms of hyperglycemia include frequent urination and possible dehydration causing excessive thirst. The concomitant finding of hyperglycemia and urinary ketones denotes dehydration and acute insulin deficiency and requires correction to prevent diabetic ketoacidosis, which is a life-threatening dehydration that requires hospitalization to correct. Long-term hyperglycemia is associated with an increased risk of the complications of diabetes including kidney failure, blindness, neuropathy, and cardiovascular disease.

***Recommendations:*** The Task Force recommends that the IHP include guidelines for the definition of hyperglycemia in a particular student and the recommended treatment, which may include insulin administration in the nurse's office. The plan must state when urine testing for urinary ketones should be performed and state the appropriate course of action in the event that urinary ketones are detected. Students with diabetes should be allowed bathroom privileges and access to water when requested, since hyperglycemia causes increased urination and increased thirst.

## Insulin

In addition to their daily routine, students with diabetes may need additional injections of insulin depending upon the results of the blood glucose testing. Insulin may be given by insulin syringe, insulin pen, or insulin pump.

***Recommendations:*** The Task Force recommends that each IHP include written orders from the student's physician outlining the dose and indications for insulin administration either by the school nurse or the student supervised by the school nurse. Insulin bottles should be kept in a refrigerator, preferably locked, and not be allowed to freeze. The expiration date should be noted. Insulin that is being used may only be kept for one month before discarding. The school nurse should be aware of the different types of insulin and their duration of actions. Prefilled insulin pens should be stored in a refrigerator but not be refrigerated once they are started. Insulin pens with cartridges are not refrigerated, although the unused cartridges are refrigerated. The time period of use for an insulin pen may vary from manufacturer to manufacturer and needs to be noted by the school nurse. Students who wear an insulin pump should keep an extra set of tubing and extra batteries in the nurse's office. Syringes and needles should be kept in a locked cupboard. Disposal of syringes and needles should be in compliance with Occupational Safety and Health Administration guidelines.

## Meals and Snacks

Timing of meals, quantity of food, and nutrient quality of food are major parts of the management of diabetes. Each student with diabetes should have a diabetes meal plan that determines these parameters. Additional snacks may be necessary prior to exercise.

***Recommendations:*** The Task Force recommends that each IHP include the times of meals and snacks and indications for additional snacks for exercise. Lunch time should be consistent and



should allow a student ample time to complete the lunch meal. Parents may need to know the nutritional composition of a meal and substitutions may need to be provided. Younger students may need supervision during lunch times to ensure that they complete the meal as best as possible. Consideration should be given to scheduling class parties. It is recommended that staff be aware of the potential problems associated with serving food or candy as rewards for academic achievement.

### Exercise and Sports

Participation in physical activity and school sports helps a student with diabetes feel healthier and improve self-esteem. These activities foster a sense of empowerment to a child unduly concerned with the effects of a chronic disease.

***Recommendations:*** The Task Force recommends that students with diabetes participate fully in school physical activity. The IHP should specify any contraindications to exercise. The need for a snack prior to activity should be detailed. Persons who supervise activity in school and after school need to be aware of the symptoms and treatment of hypoglycemia and hyperglycemia. A student should have a readily available source of carbohydrate to treat hypoglycemia. Students with diabetes should be allowed to continue to wear their medical identification tags during all activity.

### School Trips

Students with diabetes should participate in all school activities, including those outside the school premises.

***Recommendations:*** Consideration should be given to having a nurse, a parent, or a parent's designee accompany a child with diabetes on a school trip. All reasonable attempts should be made to accomplish this. A parent, however, should not be mandated to attend the school trip if the parent has other obligations.

### Bus

Students with diabetes may need to take the bus to and from school.

***Recommendations:*** The Task Force recommends that all bus drivers be made aware of the symptoms associated with hypoglycemia and hyperglycemia. Bus drivers should know which children have diabetes. Assignment of a "bus buddy" for the student with diabetes is recommended. Consideration may be given to seating a student with diabetes in the front of the bus, if assigned seating arrangements are enforced. Students with diabetes need to be allowed to eat and drink during the bus ride.

### Instructional Issues

Students with diabetes may have an impaired ability to learn when their blood glucose is excessively low or high.

***Recommendations:*** The Task Force recommends that testing times may need to be adjusted to accommodate a student's diabetes management schedule. Alternatively, snacks may need to be eaten during tests. Additional test time may need to be allotted to allow a student to complete a task, if time was taken to attend to diabetes management tasks. Consideration may be given to a student with diabetes for issues of school attendance and completion of classroom assignments.

## **RESPONSIBILITIES OF THE VARIOUS STAKEHOLDERS**

### Parents/guardians

- provide all equipment necessary for management of diabetes (glucose-testing equipment, urine ketone test strips, insulin administration equipment, glucagon, and glucose logbook) (See appendix C);
- provide the additional snacks;
- provide the necessary treatment supplies for hypoglycemia;
- participate in the annual parent/guardian IHP conference and planning meetings with school personnel; and
- inform the school nurse promptly about changes in the IHP as determined by the student's health-care team.

### School nurses

- update her/his skills to adapt to the current trends in diabetes management;
- coordinate the development of the IHP/IEHP (See Appendix D);
- train school personnel annually about diabetes management in general;
- inform key school personnel about their roles in the implementation of a student's IHP;
- maintain documentation of care provided and communicate the information to the parents; and
- regularly review and update the IHP.

### Health-care team (physician, diabetes nurse educator, dietician, social worker, etc.)

- educate the family about the ways to manage diabetes; and
- develop the parameters of the IHP in consultation with the parents and the school nurse (See Appendix E).

### Student

- perform and record blood glucose tests, as determined by a student's ability and maturity;
- inform (as is possible) school personnel about her/his hypoglycemic and hyperglycemic symptoms;
- adhere to the meal plan;
- participate in school activities as per the IHP;
- carry a source of carbohydrate to correct hypoglycemia; and
- participate in caring for her/his diabetes equipment in a responsible manner as determined by the IHP.

### Teachers

- promote a supportive environment for the student with diabetes;
- participate in the development of the IHP as is appropriate;
- be aware of the symptoms of hypoglycemia and hyperglycemia and of appropriate responses;
- provide information for any substitute teacher regarding the IHP of a student with diabetes;
- help the student to comply with meal and snack requirements; and
- designate a person in the classroom to accompany a student with diabetes to the nurse's office, if necessary.

### Principals/Administrators

- be informed about the Task Force guidelines; and
- support the efforts of teachers who strive to make the classroom more suitable for students with diabetes.

### Food service staff

- be informed about the management of diabetes and the roles of food and snacks;
- be aware of the symptoms of hypoglycemia and hyperglycemia; and
- be aware of a student's IHP as it relates to food and snacks and accommodate the medical needs of a pupil. Reasonable selections should be available.

### Special area teachers and coaches

- be informed about the management of diabetes and the role of exercise;
- be aware of the symptoms of hypoglycemia and hyperglycemia;
- be aware of a student's IHP as it relates to exercise, snacks, and treatment of hypoglycemia and hyperglycemia; and
- encourage a student to participate in physical activity in a supportive environment.

### Bus drivers

- be informed about the management of diabetes;
- be aware of the symptoms of hypoglycemia and hyperglycemia; and
- be aware of a student's IHP as it relates to emergency situations, especially hypoglycemia, and know how to respond in an emergency.

### Counselors

- be informed about the management of diabetes;
- be aware of the symptoms of hypoglycemia and hyperglycemia; and
- be aware of a student's IHP.

### Suggested Readings

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18. Sedgwick, J. (1999). Using Individualized Healthcare Plans with 504 Plans and Accommodations, *The School Nurse's Source Book of Individualized Healthcare Plans, Vol. II*, North Branch, MN: Sunrise River Press, 41-53.
19. Turek, J. (1999, July). *Caring for Students with Diabetes*. Paper presented at conference on school nursing, American Healthcare Institute, Baltimore, MD.
20. Washington State Task Force for Students with Diabetes – Draft (1999). *Guidelines for Care of Students with Diabetes*.
21. Wills, S. (1993). IHP: Diabetes Mellitus, *The School Nurse's Source Book of Individualized Healthcare Plans, Vol. I*, North Branch, MN: Sunrise River Press, 223-229.

Appendix A

SAMPLE IHP

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers      Parent/guardian#1 \_\_\_\_\_  
                                 Work \_\_\_\_\_  
                                 Home \_\_\_\_\_  
                                 Parent/guardian#2 \_\_\_\_\_  
                                 Work \_\_\_\_\_  
                                 Home \_\_\_\_\_  
                                 Other emergency contact \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 Doctor \_\_\_\_\_  
                                 \_\_\_\_\_

Blood glucose      Usual times to test glucose at school \_\_\_\_\_  
                                 Extra tests (check those that apply) \_\_\_\_\_ before exercise  
   \_\_\_\_\_ after exercise  
   \_\_\_\_\_ other (explain)  
                                 \_\_\_\_\_

Hypoglycemia      Can child perform own test? Yes No    Adult supervision needed? Yes No  
                                 Usual symptoms \_\_\_\_\_  
                                 What glucose level mandates treatment if no symptoms \_\_\_\_\_  
                                 Treatment \_\_\_\_\_  
                                 \_\_\_\_\_

Hyperglycemia      Glucagon (dose) \_\_\_\_\_  
                                 Any activity restriction \_\_\_\_\_  
                                 Usual symptoms \_\_\_\_\_  
                                 Usual blood glucose to test for ketones \_\_\_\_\_  
                                 Treatment \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 \_\_\_\_\_  
                                 Any activity restriction \_\_\_\_\_

Insulin              Time \_\_\_\_\_ Dose \_\_\_\_\_ by syringe, pen, pump (choose)  
                                 \_\_\_\_\_  
                                 Can student give own injections? Yes No (All insulin injections should  
                                 be supervised by the school nurse).

Meals and snacks      Times in school \_\_\_\_\_  
                                 \_\_\_\_\_

Circumstances requiring parent notification \_\_\_\_\_

\_\_\_\_\_

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Distribution

A. Received entire IHP  
B. Received Specific Directions for Hyperglycemia and Hypoglycemia

Name/Position

A/B

Date

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Additional necessary accommodations (e.g. class trips, testing, bus)\_\_\_\_\_

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Emergency Health-Care Plan \_\_\_\_\_

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Signatures

School nurse \_\_\_\_\_

Parent/guardian\_\_\_\_\_

Health-care team representative\_\_\_\_\_

Appendix B

PARENT/GUARDIAN PERMISSION TO RELEASE AND  
EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize an exchange of information to occur between the School Health Services  
Nursing Staff and:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Regarding: \_\_\_\_ any or all information  
\_\_\_\_ specific information regarding \_\_\_\_\_  
contained in the record of:

\_\_\_\_\_  
name date of birth

\_\_\_\_\_  
school

This authorization is in effect for one calendar year from today: \_\_\_\_\_  
Date

Signature of parent/guardian: \_\_\_\_\_



## Appendix C

### DIABETES SUPPLIES

Parents are responsible for providing all diabetes supplies. The following is a list of typical supplies:

#### **INSULIN SUPPLIES**

Insulin bottle(s)

Insulin syringes

Alcohol wipes/antiseptic wipes (optional)

Or

Insulin pen(s) with cartridge loaded

Pen needles

Alcohol wipes (optional)

Pump supplies, if needed

#### **BLOOD SUGAR TESTING SUPPLIES**

Blood glucose meter and manufacturer's instructions

Test strips (with code information, if needed)

Finger poking device

Lancets

Cotton balls (if needed)

Logbook to record blood sugar and amounts of insulin

#### **FOOD SUPPLIES**

Snack foods

Low blood sugar (hypoglycemia) supplies; glucose tablets, juice and carbohydrate/protein snack

**OTHER** Urine ketone test strips

Appendix D

SAMPLE DIABETES CHECK LIST FOR SCHOOL NURSES

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Home** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

(Dates)

- \_\_\_\_\_ 1. School nurse is notified that student with diabetes will be attending school.
- \_\_\_\_\_ 2. Call or arrange a meeting with parent(s)/guardian and student, if appropriate.
- \_\_\_\_\_ a. Discuss parent/student expectations of diabetes care while at school.
- \_\_\_\_\_ b. Discuss details of diabetes management plan and potential accommodations.
- \_\_\_\_\_ c. Determine the equipment and supplies needed for school and obtain prior to student admittance
- \_\_\_\_\_ d. Discuss plans for communication with parent and health-care team
- \_\_\_\_\_ e. Request that parent sign an exchange of medical information form and release of confidential medical information form
- \_\_\_\_\_ 3. Meeting with parents, school nurse and other members of the school staff.

Typical accommodations issues:

- \_\_\_\_\_ a. Management of low blood sugar
1. Who?
2. Where?
3. When?
4. When and how to communicate to parents?
5. Restriction of activity?
- \_\_\_\_\_ b. Management of high blood sugar
1. Who?
2. When?
3. How?
4. When and how to communicate to parents?
5. Restriction of activity?
- \_\_\_\_\_ c. Blood testing
1. Who?
2. Where?
3. When?

4. What to do with results?
5. When and how to communicate to parents?

\_\_\_ d. Insulin injections

1. Who?
2. Where?
3. When?
4. When and how to communicate to parent?

\_\_\_ e. Meals (and snacks)

1. Who?
2. What's too much or too little monitoring?
3. When and who to notify?
4. Where (location)?
5. Replacement?
6. Special occasions (parties, field trips).

\_\_\_ f. Bathroom privileges

\_\_\_ g. Access to drinking water

\_\_\_ h. Transportation

1. Who?
2. What route?
3. When?

\_\_\_ i. After-school activities

1. When?
2. Where?
3. Orders?

\_\_\_ j. Identify and obtain legal documents for consent and authorization of treatment and exchange of information.

- \_\_\_ 4. Review school-day schedule and assess level of independence.
- \_\_\_ 5. Identify potential issues requiring accommodations.
- \_\_\_ 6. Clarify specifics of treatments using Health-Care Team Orders.
- \_\_\_ 7. Determine which staff will be educated and arrange for same.
- \_\_\_ 8. Notify and educate all personnel working with student. Have all pertinent individuals sign the IHP. Note the distribution.
- \_\_\_ 9. Provide classroom education if requested by parent or child.
- \_\_\_ 10. Review annually IHP and/or revise as needed.
- \_\_\_ 11. Adhere to the school district's bloodborne pathogen standard during blood testing.



Appendix E

**SUGGESTED HEALTH-CARE PROVIDER ORDERS**

**Student's Name**\_\_\_\_\_ **Grade**\_\_\_\_\_ **School Year**\_\_\_\_\_ **Date**\_\_\_\_\_

**TASK**

**ACTION(S)**

**Blood Glucose Testing**

\_\_\_\_ for signs/symptoms of low blood sugar  
\_\_\_\_ for signs/symptoms of high blood sugar  
\_\_\_\_ times/week before lunch (specify days) Mon Tues Wed Thurs Fri  
\_\_\_\_ other (specify)\_\_\_\_\_  
\_\_\_\_ not applicable  
\_\_\_\_ notify parents immediately for blood sugar <\_\_\_\_ mg/dl and/or >\_\_\_\_ mg/dl  
\_\_\_\_ notify parents (specify) daily/weekly/monthly of any results done at school

**Urine Ketone Testing**

\_\_\_\_ for blood sugar >\_\_\_\_ mg/dl  
\_\_\_\_ for acute illness, i.e. vomiting, fever, etc.  
\_\_\_\_ student must have unlimited access to restroom and drinking fountain/water bottle  
\_\_\_\_ notify parents immediately for \_\_\_\_\_ ketones (NOTE: if parents cannot be reached and the student has \_\_\_\_\_ ketones and is vomiting, contact paramedics for transport to E.R.)  
\_\_\_\_ notify parents (specify) daily/weekly/monthly of any results done at school  
\_\_\_\_ other (specify)\_\_\_\_\_  
\_\_\_\_ not applicable  
\_\_\_\_ restrict gym/sports/etc. for \_\_\_\_\_ ketones

**Meal Planning**

\_\_\_\_ mid-morning snack at \_\_\_\_\_ a.m.  
\_\_\_\_ mid-afternoon snack at \_\_\_\_\_ p.m.  
\_\_\_\_ other (specify)\_\_\_\_\_  
\_\_\_\_ snacks should be taken (specify): \_\_\_\_ Classroom \_\_\_\_ Nurse's Office \_\_\_\_ Other\_\_\_\_\_

**Activity**

\_\_\_\_ no restrictions  
\_\_\_\_ restrict gym/sports/etc. for \_\_\_\_\_ ketones  
\_\_\_\_ Medical ID must be worn at all times including during gym/sports/etc.  
\_\_\_\_ may attend class trips/field trips/etc.  
\_\_\_\_ other (specify)\_\_\_\_\_

**SAMPLE HEALTH CARE PROVIDER ORDERS (Page 2)**

**Student s Name**\_\_\_\_\_ **Grade**\_\_\_\_\_ **School Year**\_\_\_\_\_  
**Date**\_\_\_\_\_

**TASK**

**ACTION(S)**

**INSULIN**

\_\_\_Administer \_\_\_ units of \_\_\_\_\_ insulin subcutaneously for blood sugar > \_\_\_  
mg/dl.  
\_\_\_Above dose may be repeated every \_\_\_ hours.  
\_\_\_Students with insulin infusion pumps shall be permitted to wear and attend to the pump.  
\_\_\_not applicable.  
\_\_\_other (specify)\_\_\_\_\_.

**Hypoglycemia/Glucagon**

NOTE: all doses must be supervised or administered by school nurse.

\_\_\_Treat all blood sugar <\_\_\_mg/dl with \_\_\_grams of rapid-acting carbohydrate followed by meal/snack.

\_\_\_For severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give \_\_\_mg Glucagon I.M. or S.Q.

AND \_\_\_contact parents \_\_\_contact paramedics immediately.

\_\_\_other (specify)\_\_\_\_\_.

**Absences**

\_\_\_for diabetes visits approximately every \_\_\_ months.

\_\_\_other (specify)\_\_\_\_\_.

**Name (Please Print)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Doctor's Stamp**\_\_\_\_\_

**Signature**\_\_\_\_\_

